

Christopher O'Brien
7 Brookdale St. Apt. 5
Wolcott CT 06716
203-558-5817
cobrien7@hotmail.com

Sen. Gerratana, Rep. Ritter and Respective Members of the Public Health Committee,

I am requesting that you support SB 800, An Act Concerning a municipal Pilot Program Allowing Emergency Medical Personnel to Provide Community-Based Paramedicine.

I am a licensed paramedic and have both worked and volunteered at a commercial based ambulance service in Waterbury as well as a volunteer ambulance service for the past 19 years.

There is no other healthcare profession like those who work tirelessly in the Emergency Medical Field. We are tasked to making house calls 24/7/365 day and night to any residence. Over my nineteen year career, we have seen an increase in the number of patients who rely on our services in home.

Frequent calls for lift assists and other low-acuity complaints have increased during my nineteen year career. At times, the frequency for these calls can comprise a very significant portion of total 911 calls. We are unable to decline a response or divert away from any of these calls. They must be answered.

I will give you an example of some of these calls:

- a patient who relies upon a motorized wheelchair who slips out of it on a nearly-nightly basis. At times to give himself a break, her husband will request that she be transported rather than stay home. They often call during the middle of the night.
- A hoarding patient who falls frequently inside her home
- A middle aged couple – the wife has muscular dystrophy and sometimes slips to the floor and her husband is unable to move her. At the same time, her husband has infected leg but he declines to see a doctor for fear that no one would be able to take care of his wife. They often call at night.
- Diabetic patients who forget to eat or take too much insulin. One in particular has good co-workers who call if he doesn't show up for work on time. We will find him unresponsive with a low blood sugar at his house. If not for those co-workers, he would surely die.

Currently, while the EMS system essentially retrieves patient from all sorts of settings and across the healthcare system to bring them to a hospital for prolonged care with followup, our industry only serves as a safety net. Providers must discern a patient's history and needs from the patient alone within a limited time period. Sometimes EMS providers must rely upon assumptions which may or may not be true given a patient's knowledge of the healthcare system, the science behind their diagnoses their understanding of what has been conveyed to them by their providers and understanding of their current needs. Each and every patient has autonomy over their healthcare needs which must always be respected because they are the most important stakeholder in their care.

However, apart from making small but sometimes significant interventions in the home and taking a refusal of transport from the patient, EMS providers' only option for ongoing care for the patient is transport to the hospital. Sitting in an emergency room in the care of a doctor who could be meeting this patient for the first time may often result in long waits, duplicative tests and repetitive calls

to the patients' own doctors.

In other words, the EMS system currently is not well integrated into the global care network already in place for the patient. Community Paramedicine is an attempt to improve this model. The goals are not to supplant existing care. The fact is that the EMS system is the only set of providers uniquely available to make house calls at any time of day or night, on weekends and holidays, and even in disasterous conditions. Yes, even during this year's blizzards, we still respond to calls for lift assists, clogged catheters and other low acuity problems.

Enacting SB 800 will be the first step to establish pilot programs that will create data and case studies to see what works and what does not within this model that has been employed in many other cities and states around the country. A mobile integrated healthcare committee has already been meeting for several months and we intend to expand the stakeholders included with this working group to ensure that this program is centered upon the best needs of the patient. The goals are to improve quality of life, quality of care and improve efficiencies in cost which benefit everyone.